

MIKE BULLOCK MEMORIAL SCHOLARSHIP FUND

Scholarship Applicant's Reference

Please provide the requested information concerning the qualifications of the applicant who has applied for a Mike Bullock Scholarship. This scholarship is administered by the Helena Job Service Employers Committee (JSEC). Any information you provide is confidential and will only be used for scholarship consideration.

After completion of this form, please return it to the Helena Job Service Employers Committee, Box 201505, Helena, MT 59620-1505 **by MARCH 6th, 2020.** Contact Scott Laden at (406) 447-3228 for additional information or questions.

Name of Scholarship Applicant (Student): _____

Your Name and Title: _____

Address and Phone Number: _____

1. How long have you known the applicant and in what capacity? _____

2. Please indicate your personal rating of this applicant by circling the appropriate marks below and providing examples and related comments.

	EXCELLENT (E)	GOOD (G)	FAIR(F)	POOR(P)
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A. LEADERSHIP

Examples/Comments

B. INITIATIVE

Examples/Comments

